

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing _____ 03/11/2019	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163	Report No. _____ 190311.1			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<div> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> </div>			No. of Pages _____ 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/08/2019	Devon Mathis for Assembly 2018 Porterville, CA 93257-1454 ID# 1393314	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
03/08/2019	Pharmaceutical Research and Manufacturers of America Ind. Exp. PAC Sacramento, CA 95814-3946 ID# 1266887	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,666.67
03/08/2019	Pharmaceutical Research and Manufacturers of America Ind. Exp. PAC Sacramento, CA 95814-3946 ID# 1266887	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,666.67

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER California Republican Party - State			Date of This Filing 03/11/2019	Date Stamp Page 2 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163	Report No. 190311.1			
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			No. of Pages 3		

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03/08/2019	Pharmaceutical Research and Manufacturers of America Ind. Exp. PAC Sacramento, CA 95814-3946 ID# 1266887	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,666.66
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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: